

MASSACHUSETTS -- 2001 Real Choice Systems Change Grant

Identified Problems with the States' Long-Term Care System

- Long-term care system is institutionally biased; strict diagnostic criteria must be met to access many home and community services.
- Lack of coordination between acute and long-term care services.
- Gaps in the availability home- and community-based services and supports.
- System is complex and fragmented with multiple entry points.

Perceived Strengths

- Generous funding for long-term care services for individuals with disabilities and functional impairments.
- Division of Medical Assistance (DMA) provides comprehensive insurance including social programs to working adults with disabilities through CommonHealth.

Primary Focus of Grant Activities

- Improve coordination and collaboration among agencies through several long-term support systems' policy initiatives.
 - C Plan for integrated information infrastructure
 - C Develop state-of-the-art functional assessment tools
 - C Streamline the eligibility determination process
 - C Enhance service coordination options
- Develop, implement, and evaluate new community service coordination and delivery system models.
- Develop mechanisms to allow for meaningful consumer involvement in the planning and program development process.
- Develop and implement systems for quality monitoring and continuous quality improvement of home and community services.

Goals, Objectives, and Activities

Overall Goal. To enhance the quality and accessibility of currently available home and community services and supports available to individuals with disabilities and long-term illnesses.

Goal. Improve interagency policy and program coordination by developing and implementing an interagency blueprint for sustainable system improvements to the home and community service system through interagency policy and program development activities.

Objectives/Activities

- Implement interagency policy coordination and program development.
- Establish an interagency steering committee of secretariats and commissioners to provide leadership in program and policy development and coordination across agencies. The steering committee oversees the Real Choices grant, as well as the development of a comprehensive and effective plan to enhance community-based services, a process that involves the Governors Olmstead Advisory Group.

Goal. Plan for integrated information infrastructure to streamline eligibility determination process and enhance service coordination options.

Objectives/Activities

- Provide policy recommendations for the development of a uniform, functional assessment protocol.
- Integrate acute and long-term care supports when appropriate through coordinated care strategies.
- Perform a comprehensive analysis of the intake, eligibility, and referral system and make recommendations for improvements.

Goal. Develop, implement, and evaluate new community service coordination and delivery system models.

Objectives/Activities

- Examine and analyze costs and utilization patterns of current long-term care service options in order to inform recommendations for implementation of model pilot programs for delivery of long-term care services.
- Develop improved risk-adjusters for managed care organizations that ensure appropriate incentives for fair compensation of providers for serving people with disabilities.
- Examine alternative health care financing and delivery models for applicability to the disability population.

Goal. Develop and implement systems for quality monitoring and continuous quality improvement of HCBS.

Objectives/Activities

- Perform assessment of quality monitoring mechanisms currently in place and explore new instruments and methods related to quality assurance.
- Conduct a review of literature related to the quality of long-term care, including a review of best practices.

Key Activities and Products

- Develop an interagency blueprint for improving the home and community service system.
- Plan for an integrated information infrastructure to streamline eligibility determination.

- Implement systems for quality monitoring and continuous quality improvement.
- Improve the infrastructure of the long-term care system.

Consumer Partners and Consumer Involvement in Planning Activities

Consumer input to the Real Choice project team has been linked to the Olmstead planning process. The Governors' Olmstead Advisory Group, which consists of consumers, advocates, and key agency staff, held five listening sessions around the state in order to obtain a broad consumer perspective of challenges in the current LTC system.

The Advisory Group has established subcommittees to focus on four specific areas: 1) institutionalization, 2) at-risk of institutionalization, 3) services and supports, and 4) housing. Each subcommittee has developed a specific set of recommendations, which will be submitted to the state to inform the Enhancing Community-Based Services (ECBS) Planning Group in the development of the states' plan. It is anticipated that the findings from the Advisory group and the recommendations of the ECBS Planning Group will guide implementation.

Consumer Partners and Consumer Involvement in Implementation Activities

The organizational structure developed to support the Enhancement of Community Services consists of an ECBS Planning Group. This is a workgroup of agency and consumer representatives that will collaborate on the development of the states' plan for Enhancing Community-Based Services. The consumers on this workgroup are representatives from the Governors Olmstead Advisory Group and will be instrumental in informing the workgroup of the intent of the consumer recommendations detailed in the subcommittee reports. We also anticipate that consumers will participate on interdisciplinary workgroups to resolve issues identified in the ECBS planning process.

Public Partners

- Executive Office of Health and Human Services (EOHHS).
- Executive Office of Elder Affairs.
- Division of Medical Assistance (DMA).
- Massachusetts Rehabilitation Commission (MRC).
- Department of Mental Health.
- Department of Mental Retardation.
- Department of Public Health.
- Department of Housing and Community Development.

Private Partners and Subcontractors

- University of Massachusetts Medical School.
- Others to be determined.

Public and Private Partnership Development/Involvement in the Planning Phase

The Massachusetts Real Choice Systems Change grant was developed as a collaborative effort of the Executive Office of Health and Human Services (EOHHS), Division of Medical Assistance, the Massachusetts Rehabilitation Commission, and the UMass Center for Health Policy and Research. These entities comprised the grant writing team. UMass was responsible for preparing the proposal for submission and managing the process of gathering input, content, and comments from the Grant Development Team. A preliminary abstract of the proposal was sent to a broad array of state and consumer advocacy agencies to gain letters of support and to invite their participation in the grant implementation.

Public and Private Partnership Development/Involvement in Implementation

As stated above, grant development was a collaborative effort of the Massachusetts Executive Office of Health and Human Services, the Division of Medical Assistance, the Massachusetts Rehabilitation Commission, and the University of Massachusetts Medical School. Once the grant was awarded, the implementation team (referred to as the leadership team) was expanded to include the Department of Public Health, the Department of Mental Health, the Department of Mental Retardation, the Executive Office of Elder Affairs, and the Department of Housing and Community Development. This team then linked to the Olmstead Advisory Group for consumer input and recommendations to enhance community services. The leadership team will get direction from the Interagency Steering Committee consisting of secretariats and EOHHS Commissioners, who will work collaboratively to accomplish the goals and implement grant specific projects.

Existing Partnerships That Will Be Utilized to Leverage or Support Project Activities

UMMS Commonwealth Medicine and the Center for Health Policy and Research (CHPR) and Division of Medical Assistance have collaborated on numerous projects. Activities under this project are similar to those led by other agencies involving the university, which will strengthen support for the activities under this project. For example, the Center for Health Policy and Research is the principle partner with DMA in the Medicaid Infrastructure Grant through CMS to improve competitive employment for people with disabilities.

Oversight/Advisory Committee

- An Interagency Steering Committee comprising cabinet level secretaries and commissioners of key EOHHS agencies has been established. The purpose of Committee is to obtain secretariat and commissioner level input to ensure coordination of interagency policy development. This group will meet quarterly.
- The Leadership Team of senior program staff from the agency partners will meet bi-monthly to provide oversight to project staff in activity development.
- It is anticipated that interagency workgroups will be established to implement grant-specific projects. A staff member/project manager from UMass will support each work group.

Formative Learning and Evaluation Activities

- Quarterly progress reports for each project.
- Continuous Quality Improvement system policies and procedures/documentation.

Evidence of Enduring Change/Sustainability

- Development of enduring systems for consumers to provide input into program design.
- Improvements in service coordination and delivery at the community level.
- Development and funding of programs that prepare some communities to obtain nongovernmental funding.
- Development of a streamlined functional assessment eligibility and service coordination system that will endure beyond the grant period.

Geographic Focus

Statewide.